



Jeremiah W. (Jay) Nixon Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency:	Missouri State Highway Patrol					
Serial Number:	MP2145					
Manufacturer:	Guth					
Model Number:	12V500					
CALIBRATION RESULTSReferenceSimulatorTemperatureTemperature34.0233.97						
This calibration was NIST-Traceable The	•	307715				
This simulator was tested by:		JLC				
This testing was performed:		06/08/2015				
Signature of certifying DHSS Scientist:		B. 1_				
Name of certifying DHSS Scientist:		Brian M. Lutmer				



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone 573-751-6400 FAX: 673-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Gail Vasterling Director



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BREATH ALCOHOL SIMULATOR TEST WORKSHEET

Test Simulator Inform	<u>nation</u>	•				
Agency	MSHP					
Email for COC	jimmy.cleveland@mshp.dps.mo.gov					
Serial Number:	MP2145					
Tracking Number:						
Manufacturer;	CUTH					
Model Number:	12V500					
BAP NIST-Traceable	Reference The	ermometer Inform	ation			
Serial Number:	_ 307715					
Date of Certification:	\$8/19/14					
Date of Expiration:	08/19/15					
Test Simulator Measurements						
	Readings	Reference Thermometer	Test Simulator			
	· 1	34.07	33,97			
	2	24 M7	23 97			
	3	24 /2	22 977			
1	4	21145	<u> </u>			
	5	37.62	33,97			
Ĺ	<u> </u>	34,62	33.97	}		
Bias (δ_T) :	<u> </u>					
Technician performing	testing: I	immy L. Clau	ELAND			
I hereby certify that all data's of Breath Alcohol Simulators	ubmitted within th and 19 (ISR 25-3)	is form was collected in 0.051, <u>Breath Analyzer (</u>	accordance with the DHS Calibration and Accuracy	S <u>Procedure for the Testing</u> Verification Standards,		
Signature:	V L	7	Date: 6/8/15			
Submit completed forms for s	imulator certificat <u>brian.lutmer@ha</u>	ion to DHSS Breath Alco alth.mo.gov or <u>breath</u> al	ohol Program by fax at (5) cohol@health.mo.gov.	73) 840-9139 or by email at		

www.health.mo.gov